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FACSIMILE COVER LETTER

To: Central Fax Center
Firm: U.S. Patent and Trademark Office
Facsimile No.: 571-273-8300
From: William S. Frommer
Date: November 3, 2005
Re: Serial No. 09/705,656
Attorney Docket 450110-02870
No. of Pages: 11
(including cover page)

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00322842

PATENT
450110-02870IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Mark John MCGRATH et al.
 Serial No. : 09/705,656
 For : AUDIO AND/OR VIDEO GENERATION APPARATUS AND METHOD OF GENERATING
 AUDIO AND/OR VIDEO SIGNALS
 Filed : November 3, 2000
 Examiner : Vincent F. Boccio
 Art Unit : 2616

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745 Fifth Avenue
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Mail Stop AF
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	13	Minus	** = 20	*0x	\$50 (25)	= \$0
Independent claims	3	Minus	*** = 3	*0x	\$200 (100)	= \$0
Total additional fee for this amendment						\$0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
 ** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
 *** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$360(180) has been previously paid ☐ or is paid herewith ☐.
- ☐ This response is being filed within the ___ month following the expiration of the term originally set therefore. This is a petition to request a ___ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$ ___ is attached, which covers the cost of ☐ additional claims ☐ petition for extension of time.
- ☐ Charge \$ ___ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Barnet Shindman

Type or print name of
 Person signing certification

Barnet Shindman

Signature

November 3, 2005

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
 Attorneys for Applicants

By: William S. Frommer

William S. Frommer
 Reg. No. 25,506
 Tel: 212-588-0800

00322839

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Applicants : Mark John MCGRATH et al.
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Barnet ShindlmanType or print name of
person signing certificationBarnet Shindlman

Signature

November 3, 2005

Date of Signature

REQUEST FOR RECONSIDERATION

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is in response to the Final Office Action mailed in the above-identified application
on August 11, 2005. In light of the Remarks to follow, reconsideration and allowance of this
application are respectfully solicited.